

NOTICE OF FORM CHANGE NO. 05-159

DATE

12/23/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 590A (12/05) - Waiver Of Right To Further Notice Of Adoption Planning (Presumed Father In Or Out Of California)

| | | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|
| ORDER UNIT MASTER ONLY | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised | DATE OF FORM 12/05 | REPLACES 10/05 | <input type="checkbox"/> Obsolete |

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective 12/05

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only. Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

WAIVER OF RIGHT TO FURTHER NOTICE OF ADOPTION PLANNING (PRESUMED FATHER IN OR OUT OF CALIFORNIA)

INSTRUCTIONS:

1. These instructions apply to the presumed father whether he is signing this form in California or out-of-state.
2. This form may be used in both the relinquishment and the independent adoption programs.

I, _____, have been identified as the presumed father of

(NAME OF PRESUMED FATHER)

_____ born to _____

(NAME OF CHILD)

(NAME OF MOTHER)

on _____ /to be born, for whom an adoption is planned. I hereby waive the
(DATE OF BIRTH)
right to further notice of adoption planning for this child which includes notice of court hearings. I understand that any parental rights I may have toward this child will continue until the court issues an order of adoption or an order terminating my parental rights, whichever comes first. I understand that the court may enter an order terminating my parental rights without further notice to me. I understand any parental responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until an order of adoption or an order terminating my parental rights, whichever occurs first, has been issued by the court. I understand that if I change my mind after signing this form, I may not revoke or rescind this waiver and that my only recourse is court action.

SIGNATURE OF PRESUMED FATHER

DATE

STATE OF _____ }
COUNTY OF _____ } ss.

On _____, before me, _____, a Notary Public,

personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE (Seal)